



Family Service Association Of Northeastern Pennsylvania

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Michael Zimmerman

December 3, 2018

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: WC Docket No. 18-336 and CC Docket No. 92-105 regarding the National
Suicide Hotline Improvement Act of 2018.

Dear Madam,

Family Service Association of Northeastern Pennsylvania appreciates the opportunity to comment on the current effort undertaken by the Federal Communications Commission to study the feasibility of designating a three-digit number to the National Suicide Hotline and to assess the effectiveness of the current National Suicide Prevention Lifeline. In Northeastern Pennsylvania, our United Ways and we are fighting for the health, education and financial stability by partnering together through 211 to continue and maintain a safety net of services, 24/7 to our most vulnerable residents.

We acknowledge efforts are needed to create a safe place for all people to call – especially underserved or marginalized populations such as seniors, people with physical or intellectual disabilities, people that identify as LGBTQ+, Veterans, American Natives, non-English speakers, and individuals facing complex problems such as substance/opioid use, human trafficking, and domestic violence. Our organization has a 43 year history of reaching out to the underserved and today we partner with twenty-three organizations to drive systemic changes to solve our community's toughest problems. These organizations comprise providers who tie into our system for full 24/7 coverage of needs ranging from rape crisis, runaways, addiction, and emergency heating fuel to mental health crises.

We encourage the FCC to consider our long-standing and effective 211 work here in Northeastern Pennsylvania as a vital partner in increasing access to suicide prevention and intervention services. Since the FCC designation of 211 in 2000, we have invested in the success of 211 and find the service a valuable asset to addressing our communities needs for health and human services. These critical investments position us to be key partners in the success of an improved mental health and crisis response system.





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Another three-digit code will erode the simplicity of a single point of access for community help. Despite concerted efforts by numerous social services, and multiple hotlines, in our community to educate and market the distinctions, a person in crisis will always reach for the most familiar or most accessible number. Our 211 receives calls that are better suited for 911, and our 911 partners often receive calls that we can best answer. We recommend that resources should be invested to improve a unified single point of access with a blended partnership of the National Suicide Prevention Lifeline and United Way's 211 services. We believe in the power of partnership to address gaps, not duplicate services, and will be a valuable partner in the fight against suicide. Our 211 staff current receives calls from people who are experiencing thoughts of suicide and are able to handle these calls. One of the 211 centers has staff cross-trained to handle crisis calls and 211 calls. In fact, that 211 center provides over 100 hours per month of mental health telephone crisis services. The following are two examples of such calls our staff through our 211 program in Northeastern Pennsylvania handled:

Suicide Crisis Report:

He called and said he had a gun on his chest, and depending how the conversation went would determine if he would use it. He told me about his financials and love life for some time. When he would ask me for my opinion, he would decide if I was telling him the truth or not. I had to be able to back up what I said with facts. I caught on quick that he was basing whether or not I was being honest by my tone of voice, I adjusted my tone to match the kind of interaction he trusted. He threatened that if the cops showed up at his door he would kill himself. I told him I wouldn't call, and I didn't want the cops to show up while I was on the phone with him, not until he calmed down anyway. We talked for an hour and I gave him the best insights I had, I pointed out his thoughts that were most distressing for him and I helped him think it through again but more objectively, and we talked about the possibility of rehab. The caller told me that I did a great job and he felt a lot better, and that he was putting the gun away.

I then told him that I was glad to hear it, at the same time, he had expressed a desire to kill himself earlier, and that it was a sign that his ability to handle the stress he is under was maxed out, and that he should go to the hospital to get checked out. The caller refused, and insisted he was fine now, and told me not to call the police, it would be a waste of time. The caller contracted for safety and the call ended peaceably. I called the police anyway, and told them what happened. The officer advised that they have to stop by because a gun was involved.

Three days later, he called back again. He said he was shocked that the police came. They ordered him out of the house and took his guns. They drove him to the hospital and he was evaluated and hospitalized for 3 days. He thanked me and said he would have killed himself that day if I had not called the police.

Case #2.

The call came in through 911. The 911 operator stated that he had a gentleman on the line who was in the act of a suicide attempt and he needed to speak with a crisis worker. The caller





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informed this worker that he was in a tree in the woods with cable wires. He described in detail how he was going to use the cable wires to hang himself. Using the strengths perspective, this worker built a rapport with the caller. After 15 minutes, he informed this worker that he is going to climb down from the tree. Once on the ground, we continued the conversation for another 30 minutes. He shared distressing details about his personal life that led him to the decision to end his life. The caller had refused all offers of medical services and refused to share his location. During the entire phone conversation, 911 continued to listen in. This worker eventually had success with getting the caller to verbalize his location on two different occasions. 911 intermittently called my coworker to maintain communication with this worker. After approximately 45 minutes total, the caller informed this worker that the police had arrived. This worker heard an officer greet the caller upon arrival. This worker encouraged the caller to speak with the police because they cared about his well-being just as this worker did. The caller thanked this worker and ended the call. 911 called in to Help Line to let this worker know that it was a job well done. 911 also informed this worker that the caller agreed to go to the hospital for a crisis evaluation. 911 called in to Help Line a second time and informed this worker that the police department who handled the call said that this worker did a good job. The police department had asked 911 to make the call to this worker.

We respectfully note that our 211 staff work with vulnerable and homeless veterans on a daily basis to ensure that they are housed in an expedient manner and to make sure they are connected to service that can help them overcome whatever challenges they are facing.

You can learn more about our work at www.uwp.org and can reach my office for additional questions or discussion at [insert office number]. Thank you for your time in addressing this important issue and for your consideration.

Sincerely,

Michael Zimmerman
Chief Executive Officer

Family Service Association of Northeastern Pennsylvania,
Providing 211 service to 17 Counties of Pennsylvania.

